

United States Bankruptcy Court Western District of Washington				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): <b>Dowling, Timothy John</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Dowling, Vicki Lynn</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>fka Vicki Lynn Powell</b>		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>6050</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>5888</b>		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>3702 Auburn Way S., Apt B-103 Auburn, WA</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>3702 Auburn Way S., Apt B-103 Auburn, WA</b>		
ZIPCODE <b>98092</b>			ZIPCODE <b>98092</b>		
County of Residence or of the Principal Place of Business: <b>King</b>			County of Residence or of the Principal Place of Business: <b>King</b>		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIPCODE			ZIPCODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <hr/> <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input type="checkbox"/> Full Filing Fee attached  <input checked="" type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Dowling, Timothy John & Dowling, Vicki Lynn****All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)Location  
Where Filed: **None**

Case Number:

Date Filed:

Location  
Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X /s/ Mark McClure****6/09/15**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Dowling, Timothy John & Dowling, Vicki Lynn****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Timothy John Dowling

Signature of Debtor

**Timothy John Dowling**

**X** /s/ Vicki Lynn Dowling

Signature of Joint Debtor

**Vicki Lynn Dowling**

Telephone Number (If not represented by attorney)

**June 9, 2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X** /s/ Mark McClure

Signature of Attorney for Debtor(s)

**Mark McClure 24393****Mark McClure****1103 West Meeker Street, Ste 101****Kent, WA 98032****(253) 631-6484****mark@northwestbk.com****June 9, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**United States Bankruptcy Court  
Western District of Washington**

IN RE:

Case No. \_\_\_\_\_

Dowling, Timothy JohnChapter **13**

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Timothy John Dowling

Date: June 9, 2015

**United States Bankruptcy Court  
Western District of Washington**

IN RE:

Case No. \_\_\_\_\_

Dowling, Vicki LynnChapter **13**

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Vicki Lynn Dowling

Date: June 9, 2015

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**United States Bankruptcy Court  
Western District of Washington**

**IN RE:**

Case No. \_\_\_\_\_

**Dowling, Timothy John & Dowling, Vicki Lynn**Chapter **13**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Dowling, Timothy John & Dowling, Vicki Lynn**

Printed Name(s) of Debtor(s)

**X /s/ Timothy John Dowling**

Signature of Debtor

**6/09/2015**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Vicki Lynn Dowling**

Signature of Joint Debtor (if any)

**6/09/2015**

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Western District of Washington**

**IN RE:**

Case No. \_\_\_\_\_

**Dowling, Timothy John & Dowling, Vicki Lynn**Chapter **13**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 37,962.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 20,600.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		\$ 151,240.39	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 5,552.69
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 5,073.00
TOTAL		38	\$ 37,962.00	\$ 171,840.39	

**United States Bankruptcy Court  
Western District of Washington**

**IN RE:**

Case No. \_\_\_\_\_

**Dowling, Timothy John & Dowling, Vicki Lynn**Chapter **13**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>5,552.69</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>5,073.00</b>
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ <b>2,164.20</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>600.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>151,240.39</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>151,840.39</b>

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE **Dowling, Timothy John & Dowling, Vicki Lynn**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash</b>	<b>C</b>	<b>2.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Bank: Bank of America - H</b>	<b>C</b>	<b>1,800.00</b>
		<b>Highest amount through month about \$1,800</b>		
		<b>Bank: Bank of America - Checking / Savings - w</b>	<b>C</b>	<b>1,200.00</b>
		<b>Highest amount through month about \$1,200</b>		
		<b>Bank: Community First CU</b>	<b>C</b>	<b>10.00</b>
		<b>Highest amount through month about \$5.00</b>		
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Rental Deposit</b>	<b>C</b>	<b>500.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>2 Couches and Entertainment Stand, and a TV purchasing through RAC negative equity</b>	<b>C</b>	<b>0.00</b>
		<b>Furnishings not encumbered</b>	<b>C</b>	<b>2,000.00</b>
		<b>Home electronics / TV / computers</b>	<b>C</b>	<b>2,000.00</b>
		<b>Books, pictures, knick knacks, hot wheels</b>	<b>C</b>	<b>3,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.				
6. Wearing apparel.		<b>Clothing</b>	<b>C</b>	<b>500.00</b>
7. Furs and jewelry.		<b>Jewelry</b>	<b>C</b>	<b>1,500.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>two cameras</b>	<b>C</b>	<b>200.00</b>
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Gerber Life Policy - cash value about \$250</b>	<b>C</b>	<b>250.00</b>
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Mutual of Omaha - Disability Insurance Claim - debtor believes that he is owed approximately \$4,000 back.</b>	<b>C</b>	<b>4,000.00</b>
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Social Security Disability</b>	<b>C</b>	<b>unknown</b>
		<b>VA Disability Claim - value unknown</b>	<b>C</b>	<b>unknown</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 Buick Century</b>	<b>C</b>	<b>1,000.00</b>
		<b>2014 Dodge Dart II</b>	<b>C</b>	<b>20,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.		<b>Cat and dog</b>	<b>C</b>	<b>0.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>37,962.00</b>

\_\_\_\_\_ **0** continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash	11 USC § 522(d)(5)	2.00	2.00
Bank: Bank of America - H Highest amount through month about \$1,800	11 USC § 522(d)(5)	1,800.00	1,800.00
Bank: Bank of America - Checking / Savings - w Highest amount through month about \$1,200	11 USC § 522(d)(5)	1,200.00	1,200.00
Bank: Community First CU Highest amount through month about \$5.00	11 USC § 522(d)(5)	10.00	10.00
Rental Deposit	11 USC § 522(d)(5)	500.00	500.00
Furnishings not encumbered	11 USC § 522(d)(3)	2,000.00	2,000.00
Home electronics / TV / computers	11 USC § 522(d)(3)	2,000.00	2,000.00
Books, pictures, knick knacks, hot wheels	11 USC § 522(d)(3)	3,000.00	3,000.00
Clothing	11 USC § 522(d)(3)	500.00	500.00
Jewelry	11 USC § 522(d)(4)	1,500.00	1,500.00
two cameras	11 USC § 522(d)(3)	200.00	200.00
Gerber Life Policy - cash value about \$250	11 USC § 522(d)(7)	250.00	250.00
Mutual of Omaha - Disability Insurance Claim - debtor believes that he is owed approximately \$4,000 back.	11 USC § 522(d)(5) 11 USC § 522(d)(10)(C)	4,000.00 100% of FMV	4,000.00
Social Security Disability	42 USC. § 407	100% of FMV	unknown
VA Disability Claim - value unknown	11 USC § 522(d)(10)(C)	100% of FMV	unknown
1997 Buick Century	11 USC § 522(d)(2)	1,000.00	1,000.00
2014 Dodge Dart II	11 USC § 522(d)(2)	1,000.00	20,000.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE **Dowling, Timothy John & Dowling, Vicki Lynn**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>1018</b> <b>GM Financial</b> <b>PO Box 183834</b> <b>Arlington, TX 76096-3834</b>	<b>C</b>	<b>Loan against Dodge Dart</b>  VALUE \$ <b>20,000.00</b>				<b>20,600.00</b>	<b>600.00</b>
ACCOUNT NO. <b>Gm Financial</b> <b>Po Box 181145</b> <b>Arlington, TX 76096</b>		<b>Assignee or other notification for: GM Financial</b>  VALUE \$					
ACCOUNT NO.		  VALUE \$					
ACCOUNT NO.		  VALUE \$					
Subtotal (Total of this page)						\$ <b>20,600.00</b>	\$ <b>600.00</b>
Total (Use only on last page)						\$ <b>20,600.00</b>	\$ <b>600.00</b>

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Dowling, Timothy John & Dowling, Vicki Lynn**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>ling</b> <b>Aspen MasterCard</b> <b>MasterCard Services</b> <b>P.O. Box 105555</b> <b>Atlanta, GA 30348-5555</b>	<b>C</b>	<b>Notice of Case filing</b>				<b>0.00</b>
ACCOUNT NO. <b>Associated Emergency Physicians, Inc</b> <b>PO Box 24584</b> <b>Seattle, WA 98124-0584</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>272.00</b>
ACCOUNT NO. <b>Rentoncoll</b> <b>AHMSI / Attention: Bankruptcy</b> <b>Po Box 272</b> <b>Renton, WA 98057</b>		<b>Assignee or other notification for:</b> <b>Associated Emergency Physicians, Inc</b>				
ACCOUNT NO. <b>Associated Emergency Physicians, Inc</b> <b>25246 Network Place</b> <b>Chicago, IL 60673</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>237.00</b>
Subtotal (Total of this page)						\$ <b>509.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

21 continuation sheets attached

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Rentoncoll</b> <b>AHMSI / Attention: Bankruptcy</b> <b>Po Box 272</b> <b>Renton, WA 98057</b>		<b>Assignee or other notification for:</b> <b>Associated Emergency Physicians, Inc</b>				
ACCOUNT NO. <b>Bottimore Associates Pllc</b> <b>Pob 66995</b> <b>Tacoma, WA 98464</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>3,481.00</b>
ACCOUNT NO. <b>Pugt Snd Col</b> <b>Pob 66995</b> <b>Tacoma, WA 98464</b>		<b>Assignee or other notification for:</b> <b>Bottimore Associates Pllc</b>				
ACCOUNT NO. <b>Brown Calva Camer Ltd DbA Nnep</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 1/2013</b>				<b>567.00</b>
ACCOUNT NO. <b>Hospital Collection Sv</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>		<b>Assignee or other notification for:</b> <b>Brown Calva Camer Ltd DbA Nnep</b>				
ACCOUNT NO. <b>Capital One</b> <b>Attn: General Correspondence</b> <b>PO Box 30253</b> <b>Salt Lake City, UT 84130-0253</b>	<b>C</b>					<b>1,200.00</b>
ACCOUNT NO. <b>Resurgent Capital Services</b> <b>Po Box 2126</b> <b>Greenville, SC 29602-2126</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				

Sheet no. 1 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **5,248.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Lvnv Funding</b> <b>POB 10584</b> <b>Greenville, SC 29603-0584</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Carson Valley Foot Care</b> <b>2500 Goodwater Ave</b> <b>Redding, CA 96002</b>	H	<b>OPEN ACCOUNT OPENED 3/2011</b>				<b>1,000.00</b>
ACCOUNT NO. <b>Sierra Receivables Mgm</b> <b>2500 Goodwater Ave</b> <b>Redding, CA 96002</b>		<b>Assignee or other notification for:</b> <b>Carson Valley Foot Care</b>				
ACCOUNT NO. <b>Cascade Emer Phys</b> <b>202 North Division Street</b> <b>Auburn, WA 98001</b>	W	<b>OPEN ACCOUNT OPENED 0/</b>				<b>725.00</b>
ACCOUNT NO. <b>Rentoncoll</b> <b>AHMSI / Attention: Bankruptcy</b> <b>Po Box 272</b> <b>Renton, WA 98057</b>		<b>Assignee or other notification for:</b> <b>Cascade Emer Phys</b>				
ACCOUNT NO. <b>8695</b> <b>Com 1st Cu</b> <b>5710 Mineral Pt Rd</b> <b>Madison, WI 53705</b>	H	<b>REVOLVING ACCOUNT OPENED 1/2010</b>				<b>2,002.00</b>
ACCOUNT NO. <b>2510</b> <b>Com 1st Cu</b> <b>14625 15th Ave Ne</b> <b>Seattle, WA 98155</b>	H	<b>INSTALLMENT ACCOUNT OPENED 8/2010</b>				<b>0.00</b>

Sheet no. 2 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,727.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1223  Com 1st Cu 5710 Mineral Pt Rd Madison, WI 53705	H	REVOLVING ACCOUNT OPENED 1/2010				0.00
ACCOUNT NO. 8402  Com 1st Cu 14625 15th Ave Ne Seattle, WA 98155	H	INSTALLMENT ACCOUNT OPENED 4/2009				0.00
ACCOUNT NO. 8401  Com 1st Cu 14625 15th Ave Ne Seattle, WA 98155	H	INSTALLMENT ACCOUNT OPENED 7/2007				0.00
ACCOUNT NO. 6284  Com 1st Cu 5710 Mineral Pt Rd Madison, WI 53705	H	REVOLVING ACCOUNT OPENED 10/1987				0.00
ACCOUNT NO. 6143  Com 1st Cu 5710 Mineral Pt Rd Madison, WI 53705	H	REVOLVING ACCOUNT OPENED 10/1987				0.00
ACCOUNT NO.  Comcast Corporation Comcast Center 1701 JFK Boulevard Philadelphia, PA 19103	C	comcast.				330.00
ACCOUNT NO. 6195  Comenity Bank/vctrssec Po Box 182789 Columbus, OH 43218	W	REVOLVING ACCOUNT OPENED 5/2015				51.00

Sheet no. 3 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **381.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8695</b> <b>Community 1st Credit Union</b> <b>PO Box 30495</b> <b>Tampa, FL 33630</b>	<b>C</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>2,025.00</b>
ACCOUNT NO. <b>Good Samaritan Hospital</b> <b>1322 3rd Street SE Suite 100</b> <b>Puyallup, WA 98375</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>1,613.00</b>
ACCOUNT NO. <b>Pugt Snd Col</b> <b>AHMSI / Attention: Bankruptcy</b> <b>Pob 66995</b> <b>Tacoma, WA 98464</b>		<b>Assignee or other notification for: Good Samaritan Hospital</b>				
ACCOUNT NO. <b>7326</b> <b>Homeward Residential</b> <b>1525 S Beltline</b> <b>Coppell, TX 75019</b>	<b>W</b>	<b>MORTGAGE ACCOUNT OPENED 9/2005</b>				<b>0.00</b>
ACCOUNT NO. <b>American Home Mtg Srv/homeward Residenta</b> <b>AHMSI / Attention: Bankruptcy</b> <b>Po Box 631730-1730</b> <b>Irving, TX 75063</b>		<b>Assignee or other notification for: Homeward Residential</b>				
ACCOUNT NO. <b>Mt Rainier Emergency Phys</b> <b>POB 662050</b> <b>Arcadia, CA 91066-2050</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 0/</b>				<b>376.00</b>
ACCOUNT NO. <b>Pugt Snd Col</b> <b>AHMSI / Attention: Bankruptcy</b> <b>Pob 66995</b> <b>Tacoma, WA 98464</b>		<b>Assignee or other notification for: Mt Rainier Emergency Phys</b>				

Sheet no. 4 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,014.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mt Rainier Emergency Physicians</b> <b>3606 22nd St Se</b> <b>Puyallup, WA 98374-4156</b>		<b>Assignee or other notification for:</b> <b>Mt Rainier Emergency Phys</b>				
ACCOUNT NO. <b>Mutual Of Omaha</b> <b>Mutual Of Omaha Plaza</b> <b>Omaha, NE 68175</b>	<b>C</b>					<b>0.00</b>
ACCOUNT NO. <b>Northern Nevada Emergency Physicians</b> <b>P.O Box 95728</b> <b>Oklahoma City, OK 73143-5728</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 7/2011</b>				<b>544.00</b>
ACCOUNT NO. <b>National Business Fact</b> <b>AHMSI / Attention: Bankruptcy</b> <b>4600 Regent Blvd</b> <b>Irving, TX 75063</b>		<b>Assignee or other notification for:</b> <b>Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians</b> <b>P.O Box 95728</b> <b>Oklahoma City, OK 73143-5728</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 8/2011</b>				<b>542.00</b>
ACCOUNT NO. <b>National Business Fact</b> <b>AHMSI / Attention: Bankruptcy</b> <b>4600 Regent Blvd</b> <b>Irving, TX 75063</b>		<b>Assignee or other notification for:</b> <b>Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians</b> <b>P.O Box 95728</b> <b>Oklahoma City, OK 73143-5728</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 5/2012</b>				<b>914.00</b>

Sheet no. 5 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,000.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
<b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>						
ACCOUNT NO.	<b>W</b>	<b>OPEN ACCOUNT OPENED 10/2011</b>				<b>850.00</b>
<b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>						
ACCOUNT NO.		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
<b>National Business Fact AHMSI / Attention: Bankruptcy</b>						
ACCOUNT NO.	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2011</b>				<b>820.00</b>
<b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>						
ACCOUNT NO.		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
<b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>						
ACCOUNT NO.	<b>H</b>	<b>OPEN ACCOUNT OPENED 2/2011</b>				<b>766.00</b>
<b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>						
ACCOUNT NO.		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
<b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>						

Sheet no. 6 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,436.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 6/2012</b>				<b>1,087.00</b>
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 12/2009</b>				<b>497.00</b>
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 9/2011</b>				<b>291.00</b>
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 4/2011</b>				<b>286.00</b>

Sheet no. 7 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,161.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 10/2009</b>				<b>88.00</b>
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy 4600 Regent Blvd Irving, TX 75063</b>		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Emergency Physicians P.O Box 95728 Oklahoma City, OK 73143-5728</b>	<b>C</b>	<b>unknown</b>				<b>unknown</b>
ACCOUNT NO. <b>Northern Nevada Hospital 8801 W Sahara Las Vegas, NV 89117</b>		<b>Assignee or other notification for: Northern Nevada Emergency Physicians</b>				
ACCOUNT NO. <b>Northern Nevada Medical Center 2375 E Prater Way Sparks, NV 89434</b>	<b>C</b>	<b>Notice</b>				<b>unknown</b>
ACCOUNT NO. <b>Northern Nv Emerg Physicians 832 Willow St Reno, NV 98502</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 8/2011</b>				<b>537.00</b>

Sheet no. 8 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **625.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy</b>		<b>Assignee or other notification for: Northern Nv Emerg Physicians</b>				
ACCOUNT NO. <b>ling</b> <b>Physician Billing Office PO Box 95728 Oklahoma City, OK 73143</b>	<b>C</b>	<b>Notice of filing</b>				<b>unknown</b>
ACCOUNT NO. <b>Quest Diagnostics POB 740783 Cincinnati, OH 45274-0783</b>	<b>C</b>	<b>Notice</b>				<b>unknown</b>
ACCOUNT NO. <b>Quest Diagnostics, Inc. PO Box 30584 Tampa, FL 33630</b>		<b>Assignee or other notification for: Quest Diagnostics</b>				
ACCOUNT NO. <b>ling</b> <b>Quest Diagnostics 1737 Airport Way S, #200 Seattle, WA 98134</b>	<b>C</b>	<b>Possible medical debt</b>				<b>unknown</b>
ACCOUNT NO. <b>Lab Quest Diagnostics PO Box 30584 Tampa, FL 33630</b>		<b>Assignee or other notification for: Quest Diagnostics</b>				
ACCOUNT NO. <b>Radiology Consultants Inc 777 Forest St Reno, NV 89509</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 9/2012</b>				<b>3,317.00</b>

Sheet no. 9 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,317.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Collection Service/nev AHMSI / Attention: Bankruptcy 777 Forest St Reno, NV 89509</b>		<b>Assignee or other notification for: Radiology Consultants Inc</b>				
ACCOUNT NO. <b>Remsa Ground Ambulance 450 Edison Way Reno, NV 89502</b>	H	<b>OPEN ACCOUNT OPENED 7/2012</b>				<b>1,056.00</b>
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy</b>		<b>Assignee or other notification for: Remsa Ground Ambulance</b>				
ACCOUNT NO. <b>Remsa Ground Ambulance 450 Edison Way Reno, NV 89502</b>	W	<b>OPEN ACCOUNT OPENED 2/2012</b>				<b>952.00</b>
ACCOUNT NO. <b>National Business Fact AHMSI / Attention: Bankruptcy</b>		<b>Assignee or other notification for: Remsa Ground Ambulance</b>				
ACCOUNT NO. <b>Reno Radiological Associates 816 S Center St Reno, NV 89501</b>	H	<b>OPEN ACCOUNT OPENED 9/2012</b>				<b>1,020.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				

Sheet no. 10 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,028.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE **Dowling, Timothy John & Dowling, Vicki Lynn**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Reno Radiologists 1285 Financial Blvd Reno, NV 89052</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates 816 S Center St Reno, NV 89501</b>	H	<b>OPEN ACCOUNT OPENED 9/2012</b>				<b>833.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates 816 S Center St Reno, NV 89501</b>	H	<b>OPEN ACCOUNT OPENED 9/2011</b>				<b>676.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates 816 S Center St Reno, NV 89501</b>	H	<b>OPEN ACCOUNT OPENED 2/2011</b>				<b>592.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				

Sheet no. 11 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,101.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Reno Radiological Associates</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 6/2012</b>				<b>111.00</b>
ACCOUNT NO. <b>Business &amp; Professiona</b> <b>AHMSI / Attention: Bankruptcy</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>		<b>Assignee or other notification for:</b> <b>Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 10/2011</b>				<b>463.00</b>
ACCOUNT NO. <b>Business &amp; Professiona</b> <b>AHMSI / Attention: Bankruptcy</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>		<b>Assignee or other notification for:</b> <b>Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2011</b>				<b>417.00</b>
ACCOUNT NO. <b>Business &amp; Professiona</b> <b>AHMSI / Attention: Bankruptcy</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>		<b>Assignee or other notification for:</b> <b>Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 2/2012</b>				<b>411.00</b>

Sheet no. 12 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,402.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				
ACCOUNT NO. <b>Reno Radiological Associates 816 S Center St Reno, NV 89501</b>	<b>W</b>	<b>OPEN ACCOUNT OPENED 1/2013</b>				<b>206.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Reno Radiological Associates</b>				
ACCOUNT NO. <b>Renown Health Home Care 816 S Center St Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 9/2011</b>				<b>180.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Renown Health Home Care</b>				
ACCOUNT NO. <b>Renown Health Home Care 816 S Center St Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 9/2011</b>				<b>120.00</b>
ACCOUNT NO. <b>Business &amp; Professiona AHMSI / Attention: Bankruptcy 816 S Center St Reno, NV 89501</b>		<b>Assignee or other notification for: Renown Health Home Care</b>				

Sheet no. 13 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **506.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Renown Health Home Care</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 6/2011</b>				<b>1,263.00</b>
ACCOUNT NO. <b>National Business Fact</b> <b>AHMSI / Attention: Bankruptcy</b>		<b>Assignee or other notification for:</b> <b>Renown Health Home Care</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>2,591.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Regional Medical Center</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>2,436.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Regional Medical Center</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>1,843.00</b>

Sheet no. 14 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **8,133.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Regional Medical Center</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	H	<b>OPEN ACCOUNT OPENED 3/2013</b>				<b>68,421.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Regional Medical Center</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	H	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>19,327.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Regional Medical Center</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	H	<b>OPEN ACCOUNT OPENED 10/2013</b>				<b>15,563.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Regional Medical Center</b>				

Sheet no. 15 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **103,311.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Renown Rehabilitation Hospital</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>236.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Rehabilitation Hospital</b>				
ACCOUNT NO. <b>Renown Regional Medical Center</b> <b>115 Mil St</b> <b>Reno, NV 89502</b>		<b>Assignee or other notification for:</b> <b>Renown Rehabilitation Hospital</b>				
ACCOUNT NO. <b>Renown Rehabilitation Hospital</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>85.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Rehabilitation Hospital</b>				
ACCOUNT NO. <b>Renown Rehabilitation Hospital</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 1/2012</b>				<b>64.00</b>
ACCOUNT NO. <b>Amcol Systems Inc</b> <b>AHMSI / Attention: Bankruptcy</b> <b>111 Lancewood Rd</b> <b>Columbia, SC 29210</b>		<b>Assignee or other notification for:</b> <b>Renown Rehabilitation Hospital</b>				

Sheet no. 16 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **385.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4657</b> <b>Select Card/5th3rd</b> <b>38 Fountain Square Plaza</b> <b>Cincinnati, OH 45263</b>	<b>H</b>	<b>REVOLVING ACCOUNT OPENED 10/2000</b>				<b>2,992.00</b>
ACCOUNT NO. <b>Sierra Pathology Assoc Inc</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 6/2012</b>				<b>206.00</b>
ACCOUNT NO. <b>Business &amp; Professiona</b> <b>AHMSI / Attention: Bankruptcy</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>		<b>Assignee or other notification for:</b> <b>Sierra Pathology Assoc Inc</b>				
ACCOUNT NO. <b>St Marys Primary Care</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 7/2011</b>				<b>337.00</b>
ACCOUNT NO. <b>Business &amp; Professiona</b> <b>AHMSI / Attention: Bankruptcy</b> <b>816 S Center St</b> <b>Reno, NV 89501</b>		<b>Assignee or other notification for:</b> <b>St Marys Primary Care</b>				
ACCOUNT NO. <b>Summerfield Management</b> <b>Attention Managment</b> <b>702 Auburn Way S</b> <b>Auburn, WA 98092</b>	<b>C</b>	<b>Dispute - over charge / improper charge regarding bed bugs.</b>		<b>X</b>		<b>432.52</b>
ACCOUNT NO. <b>5078</b> <b>Syncb/gap</b> <b>4125 Windward Plaza</b> <b>Alpharetta, GA 30005</b>	<b>H</b>	<b>REVOLVING ACCOUNT OPENED 4/2001</b>				<b>0.00</b>

Sheet no. 17 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,967.52**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3492</b> <b>Syncb/jcp</b> <b>4125 Windward Plaza</b> <b>Alpharetta, GA 30005</b>	<b>H</b>	<b>REVOLVING ACCOUNT OPENED 3/1995</b>				<b>0.00</b>
ACCOUNT NO. <b>Gecrb/jc Penny</b> <b>Attention: Bankruptcy</b> <b>Po Box 103104</b> <b>Roswell, GA 30076</b>		<b>Assignee or other notification for:</b> <b>Syncb/jcp</b>				
ACCOUNT NO. <b>4586</b> <b>Tnb - Target</b> <b>C/o Target Credit Services</b> <b>Minneapolis, MN 55440</b>	<b>H</b>	<b>REVOLVING ACCOUNT OPENED 7/2001</b>				<b>0.00</b>
ACCOUNT NO. <b>Universal Health Services Inc</b> <b>PO Box 61558</b> <b>King Of Prussia, PA 19406</b>	<b>C</b>	<b>notice</b>				<b>unknown</b>
ACCOUNT NO. <b>University Of Nevada-n</b> <b>3080 S Durango Dr Ste 20</b> <b>Las Vegas, NV 89117</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 11/2009</b>				<b>187.00</b>
ACCOUNT NO. <b>Allied Collection Serv</b> <b>Attention: Bankruptcy</b> <b>3080 S Durango Dr Ste 20</b> <b>Las Vegas, NV 89117</b>		<b>Assignee or other notification for:</b> <b>University Of Nevada-n</b>				
ACCOUNT NO. <b>University Of Nevada-n</b> <b>3080 S Durango Dr Ste 20</b> <b>Las Vegas, NV 89117</b>	<b>H</b>	<b>OPEN ACCOUNT OPENED 5/2012</b>				<b>3,144.00</b>

Sheet no. 18 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,331.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Allied Collection Serv Attention: Bankruptcy 3080 S Durango Dr Ste 20 Las Vegas, NV 89117</b>		<b>Assignee or other notification for: University Of Nevada-n</b>				
ACCOUNT NO. <b>8286</b> <b>US Department Of Veterans Affairs PO Box 5300269 Atlanta, GA 30353-0269</b>	<b>C</b>	<b>Medical</b>				<b>657.87</b>
ACCOUNT NO. <b>VA Puget Sound Health Care System 9600 Veterans Drive Tacoma, WA 98493</b>		<b>Assignee or other notification for: US Department Of Veterans Affairs</b>				
ACCOUNT NO. <b>United States Attorney's Office Attn: Bankruptcy Assistant 700 Stewart St., Room 5220 Seattle, WA 98101</b>		<b>Assignee or other notification for: US Department Of Veterans Affairs</b>				
ACCOUNT NO. <b>Valley Heath System Inc 8801 W Saraha Ave Las Vegas, NV 89117-5865</b>	<b>C</b>	<b>notice</b>				<b>unknown</b>
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 19 of 21 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **657.87**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **151,240.39**

United States Bankruptcy Court

IN RE:

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**Reservation to Dispute Claims**

The debtor reserves the right to object to any proof of claim that is not filed in compliance with Rule 3001 of the Bankruptcy Rules and furthermore reserves any and all claims, causes of action, offsets, or defenses the debtor may have with respect to any such claim.

Furthermore, to the extent a filed proof of claim is inconsistent with this schedule or any other schedules or statements filed in this case, then and in that event, the debtor reserves the right to object and to pursue any and all legal claims related to or arising out of the transactions or occurrences giving rise to and otherwise related with the said claim or claims.

To the extent the debtor raises an objection to a filed proof of claim, or to a notice of transfer of a filed claim, or files any adversary proceeding related to such an original claim or a transferred claim, then and in the event this plan and petition shall be deemed to be automatically amended so as to indicate that such a claim is disputed, contingent, or unliquidated.

The debtor also reserves to the estate or the debtor all claims or causes of action that he may have, could have or might have based on any claim filed with the Trustee in this case by any creditor, assignee, or transferee and nothing in this Plan or in these Schedules shall be deemed a waiver of any such claims or causes of action.

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Rent A Center</b> <b>1301 Auburn Way N</b> <b>Auburn, WA 98002-4110</b>  <b>Rent A Center</b> <b>1301 Auburn Way N</b> <b>Auburn, WA 98002-4110</b>	<b>Agreement No P5427052; Living Rm Furniture</b>  <b>Agreement No P5427414; TV and Stand</b>

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

# Fill in this information to identify your case:

Debtor 1 **Timothy John Dowling**  
First Name Middle Name Last Name

Debtor 2 **Vicki Lynn Dowling**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

☐ Employed  
☒ Not employed

☒ Employed  
☐ Not employed

#### Occupation

Post Press

#### Employer's name

Rotary Offset Press Inc

#### Employer's address

6600 S 231st St  
Number Street

Kent, WA 98032-0000  
City State ZIP Code

How long employed there? \_\_\_\_\_

3 years

### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

#### 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. \$	0.00	3,116.23

#### 3. Estimate and list monthly overtime pay.

3. + \$	0.00	0.00
---------	------	------

#### 4. Calculate gross income. Add line 2 + line 3.

4. \$	0.00	3,116.23
-------	------	----------

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0.00	\$ 3,116.23
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 634.95
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 68.79
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 703.74
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 2,412.49
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,387.20	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>See Schedule Attached</u>	\$ 1,054.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>See Schedule Attached</u>	8h. + \$ 533.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 2,974.20	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,974.20 +	\$ 2,412.49 = \$ 5,386.69
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: <u>Wife's Mother's Contribution (Food Stamps)</u>		
	11. + \$	166.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12.	\$ 5,552.69 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u>		

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

Continuation Sheet - Page 1 of 1

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	DEBTOR	SPOUSE
Other government assistance:		
<b>Daughter Is Receiving Social Secuirity Pmts</b>	<b>693.00</b>	<b>0.00</b>
<b>Food Stamps</b>	<b>361.00</b>	<b>0.00</b>
Other monthly income:		
<b>Mutual Of Omaha LTD</b>	<b>100.00</b>	<b>0.00</b>
<b>Pro-Rata Tax Refund</b>	<b>433.00</b>	<b>0.00</b>

**Fill in this information to identify your case:**

Debtor 1 Timothy John Dowling  
First Name Middle Name Last Name

Debtor 2 Vicki Lynn Dowling  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form 6J**

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

Daughter

13

- ☐ No
- ☒ Yes

Mother

63

- ☐ No
- ☒ Yes

Son

23

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 995.00

**If not included in line 4:**

4a. Real estate taxes	4a. \$ <u>0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u>0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u>0.00</u>
4d. Homeowner's association or condominium dues	4d. \$ <u>0.00</u>

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	\$ <u>0.00</u>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	\$ <u>140.00</u>
6b.	Water, sewer, garbage collection	\$ <u>136.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>270.00</u>
6d.	Other. Specify: _____	\$ <u>0.00</u>
7.	<b>Food and housekeeping supplies</b>	\$ <u>1,000.00</u>
8.	<b>Childcare and children's education costs</b>	\$ <u>20.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	\$ <u>275.00</u>
10.	<b>Personal care products and services</b>	\$ <u>150.00</u>
11.	<b>Medical and dental expenses</b>	\$ <u>200.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>375.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ <u>225.00</u>
14.	<b>Charitable contributions and religious donations</b>	\$ <u>0.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ <u>10.00</u>
15b.	Health insurance	\$ <u>0.00</u>
15c.	Vehicle insurance	\$ <u>132.00</u>
15d.	Other insurance. Specify: _____	\$ <u>0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ <u>0.00</u>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	\$ <u>0.00</u>
17b.	Car payments for Vehicle 2	\$ <u>0.00</u>
17c.	Other. Specify: <u>RAC Until 8/2016</u>	\$ <u>130.00</u>
17d.	Other. Specify: <u>RAC Until 8/2015</u>	\$ <u>132.00</u>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	\$ <u>0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	\$ <u>0.00</u>
20b.	Real estate taxes	\$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	\$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	\$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	\$ <u>0.00</u>

21. **Other.** Specify: See Schedule Attached

21. +\$ 883.00

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 5,073.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 5,552.69

23b. Copy your monthly expenses from line 22 above.

23b. - \$ 5,073.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 479.69

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

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Other Expenses (DEBTOR)

<b>Pet Care</b>	<b>150.00</b>
<b>Recaptured Social Security Benefits Through 8/2015</b>	<b>733.00</b>
<b>After 8/2015 Recaptured Increases An Additional \$132/Mo</b>	<b>0.00</b>
<b>After 8/2016 Recaptured Increases An Additional \$130/Mo</b>	<b>0.00</b>

IN RE Dowling, Timothy John & Dowling, Vicki Lynn

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 40 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: June 9, 2015 Signature: /s/ Timothy John Dowling  
**Timothy John Dowling**

Debtor

Date: June 9, 2015 Signature: /s/ Vicki Lynn Dowling  
**Vicki Lynn Dowling**

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Western District of Washington**

IN RE:

Case No. \_\_\_\_\_

Dowling, Timothy John & Dowling, Vicki LynnChapter 13

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

**1. Income from employment or operation of business**

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>21,000.00</b>	<b>2013 Gross Income</b>
<b>14,430.00</b>	<b>2014 Gross Income</b>
<b>5,100.00</b>	<b>2015 YTD</b>

**2. Income other than from employment or operation of business**

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>0.00</b>	<b>SSDI 9/2012 - present; about \$1387/mo for husband;.</b>

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

- None ☒ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
RJC2011072409 COLLECTION SERVICE OF NEVADA	Judgment	WASHOE CO JUSTICE CT	Filed

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Mark McClure 1103 West Meeker Street, Ste 101		147.00

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

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None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **June 9, 2015** Signature **/s/ Timothy John Dowling**  
of Debtor **Timothy John Dowling**

Date: **June 9, 2015** Signature **/s/ Vicki Lynn Dowling**  
of Joint Debtor **Vicki Lynn Dowling**  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

United States Bankruptcy Court  
Western District of Washington

IN RE:

Case No. \_\_\_\_\_

Dowling, Timothy John & Dowling, Vicki Lynn

Chapter 13

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,500.00**

Prior to the filing of this statement I have received ..... \$ **147.00**

Balance Due ..... \$ **3,353.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

**Contract attorney may be hired to cover various hearings at no additional cost to client other than specified in fee agreement.**

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Adversary Proceedings / representation post 341 unless retained to do so.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**June 9, 2015**

Date

**/s/ Mark McClure**

Mark McClure 24393  
Mark McClure  
1103 West Meeker Street, Ste 101  
Kent, WA 98032  
(253) 631-6484  
mark@northwestbk.com

United States Bankruptcy Court  
Western District of Washington

IN RE:

Case No. \_\_\_\_\_

Dowling, Timothy John & Dowling, Vicki Lynn

Chapter **13**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: June 9, 2015

Signature: /s/ Timothy John Dowling  
Timothy John Dowling

Debtor

Date: June 9, 2015

Signature: /s/ Vicki Lynn Dowling  
Vicki Lynn Dowling

Joint Debtor, if any

Alliance One  
6565 Kimball Drive Suite 200  
Gig Harbor, WA 98335-0000

Allied Collection Serv  
Attention: Bankruptcy  
3080 S Durango Dr Ste 20  
Las Vegas, NV 89117

Amcol Systems Inc  
AHMSI / Attention: Bankruptcy  
111 Lancewood Rd  
Columbia, SC 29210

American Home Mtg Srv/homeward Residenta  
AHMSI / Attention: Bankruptcy  
Po Box 631730-1730  
Irving, TX 75063

Aspen MasterCard  
MasterCard Services  
P.O. Box 105555  
Atlanta, GA 30348-5555

Associated Emergency Physicians, Inc  
PO Box 24584  
Seattle, WA 98124-0584

Associated Emergency Physicians, Inc  
25246 Network Place  
Chicago, IL 60673

Bottimore Associates Pllc  
Pob 66995  
Tacoma, WA 98464

Brown Calva Camer Ltd DbA Nnep  
816 S Center St  
Reno, NV 89501

Business & Professiona  
AHMSI / Attention: Bankruptcy  
816 S Center St  
Reno, NV 89501

Capital One  
Attn: General Correspondence  
PO Box 30253  
Salt Lake City, UT 84130-0253

Carson Valley Foot Care  
2500 Goodwater Ave  
Redding, CA 96002

Cascade Emer Phys  
202 North Division Street  
Auburn, WA 98001

Collection Service/nev  
AHMSI / Attention: Bankruptcy  
777 Forest St  
Reno, NV 89509

Com 1st Cu  
5710 Mineral Pt Rd  
Madison, WI 53705

Com 1st Cu  
14625 15th Ave Ne  
Seattle, WA 98155

Comcast Corporation  
Comcast Center  
1701 JFK Boulevard  
Philadelphia, PA 19103

Comenity Bank/vctrsssec  
Po Box 182789  
Columbus, OH 43218

Community 1st Credit Union  
PO Box 30495  
Tampa, FL 33630

Equifax Info Services  
POB 740241  
Atlanta, GA 30374

Experian Profile Maintenance  
POB 9554  
Allen, TX 75013

FAIR COLLECTIONS & OUTSOURCING OF NEW EN  
FCO  
12304 BALTIMORE AVE  
BELTSVILLE, MD 20705-1314

Gecrb/jc Penny  
Attention: Bankruptcy  
Po Box 103104  
Roswell, GA 30076

Gm Financial  
Po Box 181145  
Arlington, TX 76096

GM Financial  
PO Box 183834  
Arlington, TX 76096-3834

Good Samaritan Hospital  
1322 3rd Street SE Suite 100  
Puyallup, WA 98375

Homeward Residential  
1525 S Beltline  
Coppell, TX 75019

Hospital Collection Sv  
816 S Center St  
Reno, NV 89501

IRS  
Bankruptcy Correspondence  
PO Box 21126  
Philadelphia, PA 19114

Lab Quest Diagnostics  
PO Box 30584  
Tampa, FL 33630

Lvnv Funding  
POB 10584  
Greenville, SC 29603-0584

Merchants Credit Association  
PO Box 7416  
Bellevue, WA 98008

Mt Rainier Emergency Phys  
POB 662050  
Arcadia, CA 91066-2050

Mt Rainier Emergency Physicians  
3606 22nd St Se  
Puyallup, WA 98374-4156

Mutual Of Omaha  
Mutual Of Omaha Plaza  
Omaha, NE 68175

National Business Fact  
AHMSI / Attention: Bankruptcy  
4600 Regent Blvd  
Irving, TX 75063

Nco Financial Srvs Inc  
507 Prudential Rd  
Horsham, PA 19044

Northern Nevada Emergency Physicians  
P.O Box 95728  
Oklahoma City, OK 73143-5728

Northern Nevada Hospital  
8801 W Sahara  
Las Vegas, NV 89117

Northern Nevada Medical Center  
2375 E Prater Way  
Sparks, NV 89434

Northern Nv Emerg Physicians  
832 Willow St  
Reno, NV 98502

Physician Billing Office  
PO Box 95728  
Oklahoma City, OK 73143

Pugt Snd Col  
Pob 66995  
Tacoma, WA 98464

Pugt Snd Col  
AHMSI / Attention: Bankruptcy  
Pob 66995  
Tacoma, WA 98464

Quest Diagnostics  
1737 Airport Way S, #200  
Seattle, WA 98134

Quest Diagnostics  
POB 740783  
Cincinnati, OH 45274-0783

Quest Diagnostics, Inc.  
PO Box 30584  
Tampa, FL 33630

Radiology Consultants Inc  
777 Forest St  
Reno, NV 89509

Remsa Ground Ambulance  
450 Edison Way  
Reno, NV 89502

Remsa Ground Ambulance  
450 Edison Way  
Reno, NV 89502

Reno Radiological Associates  
816 S Center St  
Reno, NV 89501

Reno Radiologists  
1285 Financial Blvd  
Reno, NV 89052

Renown Health Home Care  
816 S Center St  
Reno, NV 89501

Renown Regional Medical Center  
111 Lancewood Rd  
Columbia, SC 29210

Renown Regional Medical Center  
115 Mil St  
Reno, NV 89502

Renown Rehabilitation Hospital  
111 Lancewood Rd  
Columbia, SC 29210

Rent A Center  
1301 Auburn Way N  
Auburn, WA 98002-4110

Renton Collections  
POB 272  
Renton, WA 98057-0272

Rentoncoll  
AHMSI / Attention: Bankruptcy  
Po Box 272  
Renton, WA 98057

Resurgent Capital Services  
Po Box 2126  
Greenville, SC 29602-2126

Select Card/5th3rd  
38 Fountain Square Plaza  
Cincinnati, OH 45263

Sierra Pathology Assoc Inc  
816 S Center St  
Reno, NV 89501

Sierra Receivables Mgm  
2500 Goodwater Ave  
Redding, CA 96002

St Marys Primary Care  
816 S Center St  
Reno, NV 89501

Summerfield Management  
Attention Managment  
702 Auburn Way S  
Auburn, WA 98092

Syncb/gap  
4125 Windward Plaza  
Alpharetta, GA 30005

Syncb/jcp  
4125 Windward Plaza  
Alpharetta, GA 30005

Tnb - Target  
C/o Target Credit Services  
Minneapolis, MN 55440

Transunion LLC  
POB 1000  
Chester, PA 19022

United States Attorney's Office  
Attn: Bankruptcy Assistant  
700 Stewart St., Room 5220  
Seattle, WA 98101

Universal Health Services Inc  
PO Box 61558  
King Of Prussia, PA 19406

University Of Nevada-n  
3080 S Durango Dr Ste 20  
Las Vegas, NV 89117

US Department Of Veterans Affairs  
PO Box 5300269  
Atlanta, GA 30353-0269

VA Puget Sound Health Care System  
9600 Veterans Drive  
Tacoma, WA 98493

Valley Heath System Inc  
8801 W Saraha Ave  
Las Vegas, NV 89117-5865